

1. Work requester fills out this section.

☒ Standing Work Permit

Requester: Located in C-A WCC's Log	Date: 7-10-04	Ext.:	Dept/Div/Group: C-A Department
Work Control Coordinator: Located in Work Control Log	Start Date: 08-01-04	Est. End Date: 07-31-05	
Brief Description of Work: ROUTINE ENTRY FOR INSPECTION, DATA COLLECTION, TOURS, OR SKILL OF THE CRAFT TASKS IN POSTED HIGH RADIATION BEAM LINE AREAS AT THE COLLIDER ACCELERATOR DEPARTMENT.			
Building: Bldg. 930 LINAC Tunnel (excluding BLIP Beam Line), Bldg. 942 Booster Ring, Bldg. 913 AGS Ring, and Bldg. 956 NSRL Stub tunnel.			Room: Equipment: Service Provider :

2. WCC, Requester/Designee, Service Provider, and ES&H (as necessary) fill out this section or attach analysis

ES&H ANALYSIS						
Radiation Concerns	<input type="checkbox"/> None	<input checked="" type="checkbox"/> Activation	<input type="checkbox"/> Airborne	<input type="checkbox"/> Contamination	<input checked="" type="checkbox"/> Radiation	<input type="checkbox"/> Other
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			<input type="checkbox"/> Fissionable materials involved, notify Laboratory Criticality Officer			
Safety Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Transport of Haz/Rad Material			
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Explosives	<input type="checkbox"/> Lead*	<input type="checkbox"/> Penetrating Fire Walls		
	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Flammable	<input type="checkbox"/> Magnetic Field*	<input type="checkbox"/> Pressurized Systems		
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Rigging/Critical Lift		
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Noise*	<input type="checkbox"/> Toxic Materials*		
<input type="checkbox"/> Biohazard*	<input type="checkbox"/> Elevated Work*	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Non-ionizing Radiation*	<input type="checkbox"/> Vacuum		
<input type="checkbox"/> Chemicals*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Oxygen Deficiency*	<input type="checkbox"/> Other		
* Does this work require medical clearance or surveillance from the Occupational Medicine Clinic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						
Environmental Concerns		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.			
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input type="checkbox"/> Land Use	<input type="checkbox"/> Soil activation/contamination	<input type="checkbox"/> Waste-Mixed			
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive			
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical			
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping			
Waste disposition by:			<input type="checkbox"/> Other			
Pollution Prevention (P2)/Waste Minimization Opportunity:		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Yes			
FACILITY CONCERNS		<input checked="" type="checkbox"/> None				
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm		<input type="checkbox"/> Vibrations		
	<input type="checkbox"/> Impacts Facility Use Agreement		<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other		
<input type="checkbox"/> Configuration Control	<input type="checkbox"/> Maintenance Work on Ventilation Systems		<input type="checkbox"/> Utility Interruptions			
WORK CONTROLS						
Work Practices						
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment	<input type="checkbox"/> Security (see Instruction Sheet)		
<input type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation	<input type="checkbox"/> Other		
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")			
Protective Equipment						
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat	<input type="checkbox"/> Safety Glasses		
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator	<input type="checkbox"/> Safety Harness		
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers	<input type="checkbox"/> Safety Shoes	<input type="checkbox"/> Other	
Permits Required (Permits must be valid when job is scheduled.)						
<input type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems				
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input checked="" type="checkbox"/> Rad Work Permit-RWP No RWP-04-002				
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other				
Dosimetry/Monitoring						
<input type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input checked="" type="checkbox"/> TLD			
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization			
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input checked="" type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other			
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump				
Training Requirements (List below specific training requirements)						
Radiation Worker I, C-A Access Training.						
Based on analysis above, the Walkdown Team determines the risk, complexity, and coordination ratings below:			If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)			
ES&H Risk Level:	<input type="checkbox"/> Low	<input checked="" type="checkbox"/> Moderate	<input type="checkbox"/> High	WCC:	Date:	
Complexity Level:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Service Provider:	Date:	
Work Coordination:	<input checked="" type="checkbox"/> Low	<input type="checkbox"/> Moderate	<input type="checkbox"/> High	Authorization to start	Date:	
				(Departmental Sup/WCC/Designee)		

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan: (procedures, timing, equipment, and personnel availability need to be addresses)

Estimated dose shall be considered by the WCC prior to each job. Dose estimates will not exceed 20mRem per person per job or 20mRem per entry, and collective dose shall not exceed 200 person-mRem.

This permit is not intended for handling or exposure to tritiated water, unapproved alteration of radiation barriers, or for the potential dispersal of radioactive materials.

A trained Radiation Worker may escort visitors. Permission is required from the C-A Safety Division Head (x5272)

**READ ALL POSTINGS, MANY LOCATIONS REQUIRE ACTIVATION CHECKS
PRIOR TO REMOVING ITEMS**

Special Working Conditions:

Operational Limits Imposed: No entry in to areas greater than 1 R/Hr. Review posted survey of area as applicable.

Post Work Testing Required: Follow exit requirements on area postings (Activation Check may be Required)

Job Safety Analysis Required: ☐ Yes ☒ No

Walkdown Required: ☐ Yes ☒ No

Reviewed by: Primary Reviewer will determine the size of the review team and the other signatures required based on hazards and job complexity. Primary Reviewer signature means that the hazards and risks that could impact ES&H have been identified and will be controlled according to BNL requirements.

Title	Name (print)	Signature	Life #	Date
Primary Reviewer	Peter Ciriigliaro	Signature on file	21868	
FS Representative	Paul Bergh	Signature on file	19773	
Other				
Other				
Work Control Coordinator	Located in Work Control Log			
Service Provider				
	Review Done: <input checked="" type="checkbox"/> in series	<input type="checkbox"/> team		

4. Job site personnel fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments).

Job Supervisor:		Contractor Supervisor:	
Workers: Located in Work Control Log	Life#:	Workers :	Life#:

Workers are encouraged to provide feedback on ES&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Departmental Job Supervisor, Work Control Coordinator/Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name: Refer to C-A OPM-ATT 2.28.a , Meetings Diagrams and Tables	Signature:	Life#:	Date:
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6. Departmental Job Supervisor, Work Requester/Designee determines if Post Job Review is required. ☐ Yes ☒ No

Post Job Review (Fill in names of reviewers)

Name:	Signature:	Life#:	Date:
Name:	Signature:	Life#:	Date:

7. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Is any feedback required? ☐ Yes ☒ No

b) Workers: Are there better methods or safer ways to perform this job in the future? ☐ Yes ☐ No

8. Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of work area to work supervisor)

Name:	Signature:	Life#:	Date:
Comments:			